



Department of
the Secretary of State

Bureau of Motor Vehicles

Charles E. Summers, Jr.
Secretary of State

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**CANCELLATION OF LICENSE
FOR PHYSICAL, MENTAL, OR EMOTIONAL REASONS**

Cancellation ID: _____

Name: _____

Address: _____

Date of Birth: _____

License Number: _____

I, _____ request the Secretary of State to cancel my driver's license
due to _____.

I understand that should I wish to have my license reissued, I will have to provide a favorable medical/vision report to the Bureau of Motor Vehicles and successfully complete the operator's examination including vision, written, and road examinations.

Please attach your current driver's license to this form and return to:

Secretary of State
Bureau of Motor Vehicles
Medical Review Unit
29 State House Station
Augusta, ME 04333-0029

For personal identification, a State of Maine photo identification card may be purchased at a Motor Vehicle Branch Office or Mobile Unit. When purchasing a State of Maine photo identification card you must provide proof of legal presence and Maine residency if you have not previously done so as well as providing two forms of identification. You may visit our web site at <http://www.maine.gov/sos/bmv/licenses/idecard.html> for further information

Signature: _____ Date: _____